

September 24 & 25, 2011 Registration Form
Adirondack Marathon Distance Festival
Marathon, Half Marathon, 2-Person Marathon Relay - 5K & 10K – 1K Fun Run

Register online at **ACTIVE.COM**

1. (PLEASE PRINT CLEARLY) Age ____ M ____ F ____ Birthdate ____ (mm) ____ (d) ____ (YYYY)

LAST Name _____ FIRST Name _____

Address _____

City _____ State/Province ____ Country _____ Zip _____

Phone(_____) _____ - _____ E-Mail _____

2. Circle entry below. (NO MARATHON/HALF MARATHON or RELAY REGISTRATION ON RACE DAY!)

Marathon	Half Marathon	Circle Race:	<input type="checkbox"/> 5K	<input type="checkbox"/> 10K
Deadline 6/1 \$50	Deadline 6/1 \$55	18 & Under	\$13	\$15
Deadline 7/15 \$60	Deadline 7/15 \$65	Adults	\$15	\$17
Deadline 9/24 \$80	Deadline 9/24 \$85	18 & Under, after 9/11	\$15	\$17
Limited to first 500 Runners	Limited to first 700 Runners	Adults, after 9/11	\$21	\$23
		No Limit on # of Entries		

2 PERSON MARATHON RELAY
 Deadline 6/1 \$90 per team... Deadline 7/15 \$110 per team ... Deadline 9/24 \$130 per team
 Limited to first 100 Relay Teams

1K Children's Fun Run
 No Limit on # of entries \$10

Stop → CIRCLE YOUR RACE CHOICES ABOVE ← Stop

2A. Second Relay Runner Name _____ Address _____

City _____ State/Province _____ Country _____ Zip _____

Phone (_____) _____ E-Mail _____

2B. Relay Team Name _____

3. Check if you will be participating in Marathon as: [] a handcyclist

3A. 7AM Early Bird Start (MARATHON ONLY) ____ Yes, I am a non-competitive participant and am eligible for a finisher's medal but no award.

4. Free **Marathon** or **Half Marathon** registration for **active duty**: military, guard and reserve. Your **CAC card** required at packet pick-up to obtain your chip & bib. Check [] **Marathon** or [] **Half Marathon**. Limited to first **60 Marathon** & first **30 Half Marathon** entries received.

5. Windshirts for the Marathon, Half Marathon & Relay are on a first come, first served basis at packet pickup.

6. How did you hear about us? _____

7. Complete this part carefully. All Fees are NONREFUNDABLE

Entry fee from section 2 \$ _____

Number of tickets for Pasta Dinner @ \$13 each (Children under 5 free) _____ tickets..... \$ _____

Number of Tickets for Spectator Bus to Marathon Midway Viewing area, Half Marathon &

Relay Transition area @ \$8 each _____ tickets..... \$ _____

TOTAL REMITTANCE..... \$ _____

Signature: _____

Participants must be at least 16 years old on race day for the Marathon.

Parent's signature required for all participants under 18 years old.

Payment Method:

____ Check or Money Order Payable to **ADIRONDACK MARATHON**

____ Master Card / VISA # _____ / _____ / _____ / _____ Exp. Date ____ / ____

(Circle Card Type)

Return Entry Form and Payment to: Adirondack Marathon, P.O. Box 583, Schroon Lake, NY 12870

For questions go to www.adirondackmarathon.org. For accommodations call 1-518-532-7675